

SURPLUS LINE ASSOCIATION OF IDAHO, INC.

595 SOUTH 14TH STREET BOISE, ID 83702 208.336.2901 (Ph & Fax) www.idahosurplusline.org

INDEPENDENTLY PROCURED PREMIUM TAX STATEMENT

INSURED'S NAME _____

MAILING ADDRESS _____

This statement must be completed and filed with the **Surplus Line Association of Idaho, Inc.** within thirty days of procurement of any insurance placed through an **Eligible S/L insurer and not through a licensed surplus line broker.** Delinquent filing and payment of taxes subjects insured to a penalty of 6% per annum, compounded annually. Idaho Code § 41-1211 and 41-1233.

S/L INS COMPANY NAME _____ POLICY # _____

S/I INS COMPANY ADDRESS _____

TYPE OF POLICY _____ EFF DATE of POLICY _____

IDAHO LOCATION OF RISK / INSURED _____

REASON THIS POLICY WAS NOT WRITTEN WITH AN AUTHORIZED INSURER _____

REASON THIS POLICY WAS NOT PLACED THRU A LICENSED S/L BROKER _____

ATTACH POLICY DOCUMENTATION WHICH VERIFIES ABOVE INFORMATION

1. PREMIUM PAID ON POLICY & ENDORSEMENTS

Include Policy Fees, Examination Fees, etc. \$ _____

2. MULTIPLY LINE #1 BY THE IDAHO TAX RATE OF **2.75%** _____

3. PLUS PENALTY, IF DUE (6% per annum) _____

Check payable to IDAHO DEPARTMENT OF INSURANCE (Total of Lines 2 and 3) \$ _____

4. MULTIPLY LINE #1 BY THE STAMPING FEE OF **0.5 %** (½ %). \$ _____

Check payable to SURPLUS LINE ASSOCIATION OF IDAHO, INC (Line 4)

Your canceled checks are your receipt.
There will be a \$20.00 charge on all
returned checks. Idaho Code § 28-22-105

*Under penalty of perjury, I declare that this statement has been examined by me
and to the best of my knowledge is a true, correct, and complete statement.*

Officer's Signature

Date

()

Name & Title (Type or Print)

Telephone

Ext.

E-Mail Address _____

Attach to this Statement and Mail to: SURPLUS LINE ASSOCIATION OF IDAHO (Address Above):

✓ S/Fee Check payable to SLA ✓ Premium Tax Check payable to DOI ✓ Policy Forms